

**INDIANA DATA BREACH NOTIFICATION FORM**OAG Form 1079 (R0 / 09-13)
Identity Theft UnitOFFICE OF ATTORNEY GENERAL
Consumer Protection Division
Government Center South, 5th floor
302 W. Washington Street
Indianapolis, IN 46204
(317) 233-4393 – Fax

Name and Address of Entity or Person that owns or licenses the data subject to the breach			
Name Ayres Carr & Sullivan, P.C.			
Street Address 251 E. Ohio Street, Suite 500		City Indianapolis	State Indiana
Submitted by Michael R. Franceschini		Title Treasurer	Dated 1/22/14
Firm Name (if different than entity)			Telephone 636-3471
Email mfran@acs-law.com		Relationship to Entity whose information was compromised tax preparer	

Type of Organization (please select one)		
<input type="checkbox"/> State of Indiana Government Agency	<input type="checkbox"/> Health Care	<input type="checkbox"/> Not-For-Profit
<input type="checkbox"/> Other Government Entity	<input type="checkbox"/> Financial Services	<input checked="" type="checkbox"/> Other – please specify
<input type="checkbox"/> Educational	<input type="checkbox"/> Other Commercial	law firm

Number of Persons Affected	
Total (Indiana Included)	22
Indiana Residents Only	16

Dates		
Date Breach Occurred (include start/end dates if known)	01/10/14	01/10/14
Date Breach Discovered	01/10/14	
Date Consumers Notified	01/22/14	

Reason for delay, if any, in sending notification
Need to search closed files for names

Description of Breach (select all that apply)	
<input type="checkbox"/> Inadvertent disclosure	<input type="checkbox"/> External system breach (e.g. hacking)
<input type="checkbox"/> Insider wrong-doing	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Loss or theft of device or media (e.g. computer, laptop, external hard drive, thumb drive, CD, tape)	

Information Acquired (select all that apply)	
<input checked="" type="checkbox"/> Social Security Number	<input type="checkbox"/> Name in combination with (select all that apply)
	<input type="checkbox"/> Driver's License Number <input type="checkbox"/> State Identification Number <input type="checkbox"/> State Identification Number
	<input type="checkbox"/> Debit Card Number (in combination with security code, access code, password or PIN for account)

List dates of previous breach notifications (within last 12 months)		
None		

Manner of Notification to Affected Persons		Identity Theft Protection Service Offered	
<i>Attach a copy of a sample notification letter</i>		<input type="checkbox"/> Yes	Duration
<input checked="" type="checkbox"/> Written		<input checked="" type="checkbox"/> No	Provider
<input type="checkbox"/> Electronic (email)		Brief Description of Service:	
<input type="checkbox"/> Telephone			

Since this breach, we have taken the following steps to ensure it does not reoccur (attach additional pages if necessary)
N/A

Any other information that may be relevant to the Office of Attorney General in reviewing this incident (attach additional pages if necessary)
Home was burglarized and laptop computer was stolen. Police report was prepared by Cumberland Police Department, case number 14-10.

SUBMIT